# COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, JULY 14, 2000 9:30 AM

MEETING LOCATION: SIERRA REGIONAL CENTER 605 SOUTH 21<sup>ST</sup> STREET SPARKS, NEVADA

CONFERENCE PHONE MEETING ACCESS AVAILABLE THROUGH: SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES 6161 W. CHARLESTON BLVD. LAS VEGAS, NEVADA

## **MINUTES**

PRESENT: Marv A. Glovinsky, Ph.D., Chairman

Eric C. Albers, Ph.D. John Brailsford, Ph.D.

Frances Brown, MSN, MSEd, RN

Robert L. Horne, M.D. Joseph K. Toth, M.D.

**David Ward** 

ABSENT: Marcheta Scott

STAFF Debbie Hosselkus, LSW, MHDS

PRESENT: Dave Luke, Ph.D., SRC

Mike Torvinen, ASO IV, MHDS Kevin Crowe, Ed.D., MHDS Mike Keeler, SNAMHS

Jim Northrop, Ph.D., SNAMHS

Larry Buel, Ph.D., RC

Marcia Bennett, Ph.D., RRC Stan Dodd, LCSW, DRC Harold Cook, Ph.D., NMHI Cindy Pyzel, DAG, CC Ellie Fears, SNAMHS

Linda Holland Browne, NMHI

Lorelle Banzett, SRC

Lisa Brown, DAG, LV (Via conference call)

ALSO Misty Allen, Crisis Call Center

PRESENT: Jeff Engelke, EduCare, Southern Nevada Advisory Board

Paula Berkley, EduCare

Henry Watanabe, M.D., Northern Nevada Advisory Board

Duane Sonnenberg, Salvation Army

Sheila Leslie. Washoe County

Lynne Bigley, NDALC Les Gruner, DCFS

John Peterson, Northern Nevada Advisory Board Member

Maria Canfield, BADA

Jill Smith, NDALC (Via conference call)

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## **CALL TO ORDER**

Chairman Mary Glovinsky convened the meeting at 9:30 AM.

#### **APPROVAL OF MINUTES**

**MOTION:** Fran Brown made a motion to approve the minutes of the 4/28/00 Commission meeting, Dr. Robert Horne seconded. Motion carried.

#### **BUDGET STATUS**

Mike Torvinen reported that MHDS was working very hard on a no growth budget; however, he stated that was proving to be very difficult with the estimated caseload growth. He explained that the Governor does recognize the numbers are substantial and that no one would be removed from services.

#### FUNDAMENTAL REVIEW/GENERAL FINANCIAL OVERVIEW

Mr. Torvinen discussed the General Financial Overview, outlining points of interest to the Commissioners.

Dr. John Brailsford asked how Nevada compared with other states regarding the percentage of the budget that is federally funded. Dr. Brailsford felt such a comparison would be useful for distribution to Nevada's senators, congressmen, etc. Mr. Torvinen stated that the total spending by mental health was unknown. He reported the goal was to keep funds going down in spite of the fact that caseloads continue to increase.

Dr. Eric Albers requested that the child mental health component be included as well. He'd like to look at it as a total across-the-life span.

**ACTION**: Mr. Torvinen will submit a report to the Commission comparing Nevada with other states in regards to the amount of federal funds utilized.

**ACTION:** Les Gruner, DCFS, will submit a report to the Commissioners incorporating the child mental health component.

#### CORRESPONDENCE

Debbie Hosselkus reported on the Clark County Suicide Table received from the Clark County Coroner's Office.

#### MHDS POLICIES

Ms. Hosselkus presented Policy #3.012 - Replacement of Computer Equipment and Software and Policy #2.007 - Access to Client Records.

**MOTION:** Fran Brown made a motion to approve Policy #3.012 and Policy #2.007, Dr. Brailsford seconded. Motion carried.

# LAKES CROSSING CENTER REQUEST TO ADMINISTER INVOLUNTARY MEDICATIONS

Ms. Hosselkus asked that this issue be addressed at the next meeting, as Mr. Harry Dudley was unavailable. Ms. Lisa Brown, DAG, Las Vegas commented via conference call. She stated that Lakes Crossing receives patients via judicial and criminal court in Southern Nevada. The problem arises if a client will not voluntarily take prescribed medication, requiring a motion be made to make

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the client take the prescribed medication. Arguments are surfacing as to whose jurisdiction these motions should fall under. No response has been received yet from Judge Gates regarding which court will be in charge. This issue seems to be at a stand still until the court makes a decision. Ms. Cindy Pyzel is in the process of researching whether or not Judge Jordan can intervene from the North. Ms. Brown stressed that it would seem a great waste of time and energy to go to the Supreme Court.

# **BILL DRAFT REQUESTS (BDR's)**

Ms. Hosselkus reported that three (3) BDR's were in front of the legislature.

- Request to change the name of Nevada Mental Health Institute to Northern Nevada Mental Health Services. This change will bring the institute in line with Southern Nevada Mental Health Services.
- 2. Request to exclude Lakes Crossing from AB280 (restraint/seclusion). Ms. Pyzel stated that the legislative committee was stunned that it would apply to Lakes Crossing, as they felt it was meant to protect children in facilities. She also noted errors in the bill that seemed to leave children unprotected in 433B.
- 3. Request to eliminate the Sanity Commission Evaluation. Ms. Pyzel stated Nevada was the only state to use a commission to do evaluations. Laws have not been revisited since the institution of Lakes Crossing. She stated Lakes Crossing's highly trained professionals provide a great deal of assistance to the Sanity Commission as they observe the client. The Sanity Commission does not see the day-to-day contact and some clients can manipulate outside evaluators. The Sanity Commission takes a very long time to reach a decision (2 months+). After Lakes Crossing makes a recommendation, they must hold the client for a very long time.

Dr. Albers asked if any child mental health issues were being considered by the legislature. He would like to insure that the Commission looks at it in totality. He stated that dividing by age group is unseemly. Adult mental health issues usually include child mental health issues. He felt that incorporating treatment at both levels would be helpful.

Dr. Brailsford stated that it was divided that way due to administration. He agreed that sometimes the right hand does not seem to know what the left hand is doing.

Ms. Hosselkus stated that Rural Clinics provide services to children in rural areas. She also stated that DCFS could provide the Commission with BDR's being submitted by their agency.

**ACTION**: DCFS will address the Commission at the next meeting with a report on BDR's and child mental health issues.

#### **FORM 2000**

Ms. Pyzel reported that she received several suggestions in response to the letter and the revised Form 2000 that was sent out. Some of the concerns listed were gender, the propensity of diagnosis rather than using behavioral observation and the definition of mental illness. The new form considers all recommendations. She also stated that she did receive comments regarding whether a Social Worker, rather than a LCSW, should fill out the form. She felt this was a licensure issue with the board rather than with MHDS.

Ms. Jill Smith thanked Ms. Pyzel for considering NDALC's recommendations.

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**MOTION:** After much discussion, Dr. Robert Horne motioned to accept the Form 2000 if the bottom of page 2 could be moved to the top of page 2, Dr. Brailsford seconded. Motion carried.

#### FEMA TRAINING DISASTER PLANNING UPDATE

Dr. Kevin Crowe reported that he had participated in two mock disasters, stating that Nevada is the 11<sup>th</sup> state to participate. The training simulated large-scale disasters with substantial damage. They completed clinical training for professionals regarding statewide disaster response. The Nevada state plan links with three regional plans. The state has secured FEMA funding to help with professional training and clinical training, and will continue to emphasize the training for stress debriefing.

Dr. Glovinsky asked whether or not there was coordination with the Red Cross. Dr. Crowe stated that there was coordination with the Red Cross, as well as several other agencies.

#### PATH EXEMPLARY NEVADA PROGRAMS AWARD

Dr. Crowe introduced Dr. Duane Sonnenberg from the Salvation Army, one of MHDS's major contractors. He stated that the Salvation Army ran an exceptional program for homeless services. He commended the Salvation Army for being nominated and awarded nationally for the exemplary program award.

Dr. Sonnenberg distributed materials to the Commissioners summarizing the Salvation Army's homeless services. He stated the coordination of efforts by many agencies would help reach the goal to engage the homeless. He stated that he met with the Utah PATH coordinator while in Washington, DC, stating that St. George had a similar program.

David Ward thanked Dr. Sonnenberg for his presentation and commended him for the excellent program. He offered his congratulations for the award. Mr. Ward asked if there was a difference between the numbers screened, and those who chose not to utilize services. He wondered how many mentally ill persons were not being contacted at all.

Dr. Sonnenberg felt there was probably a shortfall of 1,500 to 2,000 people not being served. He referred to a recent Las Vegas article indicating 4,000 homeless people were living in the Las Vegas corridor. Of those 4,000, 60% would have mental illness or substance abuse issues.

# **NEVADA AMONG THE STATES: CONVERGING PUBLIC POLICIES**

Professor Richard Siegel reviewed the 2<sup>nd</sup> phase of his work regarding state programs. He stated that additional copies were available to anyone by calling 784-4601. This phase compared how far the State of Nevada had come since 1985. A convergence upward was noted in both Higher Education and Mental Health, which was particularly true for budgets.

Professor Siegel also reported that he was a member of the Mental Health Coalition, which presents a common front on issues regarding commitment and parity. He stated that new legislators in the assembly were having tremendous impact on the movement of not accepting the Governor's flat budget. The Coalition hopes to act for the Division, in addition to making sure children are not left totally behind.

Dr. Albers asked how the MHDS Commission could be of help, stating that he felt the Commission should be participatory in the entire process.

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Professor Siegel stated that the Commission could be a driving force. Assemblywoman Sheila Leslie also stated that the Commission could be very helpful if they became involved. She stated that she appreciated being part of the Commission meeting and offered an invitation to all Commissioners to attend the coalition meetings. She also agreed to supply the minutes of their Coalition meetings to the Commission.

Professor Siegel mentioned that David Ward had attended the last Coalition meeting. He said they were planning a crucial meeting of their steering committee on July 24 and would basically be planning the agenda of what will be presented to the legislature.

**ACTION:** Professor Siegel will coordinate with Carlos Brandenburg to arrange an informal meeting with the Commissioners.

Ms. Hosselkus stated that the Division attends the Mental Health Coalition meetings, and that Larry Buel attends the Carson City Mental Health Coalition meetings as well.

Mr. Ward reported that prior to the last legislative session, the Coalition presented issues to the Commission, which the Commission then developed and presented to the Governor.

Dr. Albers asked how the Commission could be kept informed.

**ACTION:** Debbie Hosselkus and Larry Buel will provide to the Commission all information relating to the Coalition meetings.

# PROPOSED PLAN TO INTEGRATE SERVICES FOR MENTALLY ILL AT THE WASHOE COUNTY JAIL

Assemblywoman Sheila Leslie attended the Commission meeting as a representative of Washoe County as their Grants Manager. She reported Washoe jails were over crowded, with 200 more people in jail this year than last year. She felt that part of the increased numbers was due to the mentally ill offender that keeps re-offending. Ms. Leslie has a personal interest in mental health and has approached the County Manager concerning ways to help. Sheriff Kirkland has instituted a Mental Health Unit in the jail. All re-offenders seem to have substance abuse issues as well. The County is trying to fund a community-based project such as Project Restart to hook up those leaving the jails, keeping the offender on medications, finding them housing, attempting to keep them from reoffending. If successful, they can convince the County that it is cheaper to do this rather than to keep offenders in the jails. She is hoping to expand to all other agencies to work together. The County is also looking at a soft jail concept, developing a program between the jail and NMHI; a creation of mental health courts; and emergency placement for seniors. She stated that Dr. Brandenburg shares reading material with her concerning service and system integration. She is looking into how to get the system to share budget and staff. The Washoe Jail is piloting a program with NMHI, and is in the process of identifying concrete goals. Perhaps they can share the MENSA system, although the jail does not have access to that information as yet. They need a computer set up to talk to their computer. She also stated the importance of all state workers to have email, alleviating phone tag. Ms. Leslie stated the County had a surplus of 600-900 computers, as was looking for a way to share them. She stressed the fact that clients are a shared responsibility, and stated they were trying to form a formal planning council. She invited the Commissioners to participate and asked whether or not they would like a seat on the council.

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Mr. Ward stated the PACT program started about one year ago with the same goals regarding recidivism. He reported that it was an ongoing program, but with limited scope. He felt that through the County's grant efforts, more clients could be served.

Ms. Hosselkus reported that MHDS was working on an intensive case management program, which included agency coordination.

Mr. Ward asked the Commissioners to refer to last Commission meeting, whereby the Commissioners were asked to create subcommittees and to decide what role, as Commissioners, they wanted to take and how they would impact that. He stated that this issued would be addressed at the executive session.

Ms. Leslie offered to provide information and again invited the Commissioners to sit on the Coalition.

Dr. Harold Cook stated that John Kadela and Tom Durante of NMHI coordinated services between the jail and NMHI.

**ACTION**: The Commission asked lke to add Assemblywoman Leslie to the agenda mailing list.

#### SUICIDE PREVENTION RESEARCH UPDATE

Dr. Eric Albers reported that the Suicide Prevention Research Center (SPRC) was funded through CDC of Atlanta. He is a consultant to the Research Center, and he stated that Dr. Carlos Brandenburg was an active member of the group. SPRC is a project in its 2<sup>nd</sup> year of a 3-year grant, to look at suicide rates in Nevada, studying the nature and ideology and what is happening at state level and in the Western Regional area. 9 out of the top 10 suicide rated states come from the Western Region. No study has been completed yet to discern why. Nevada doubles its suicide rate each year. SPRC is a comprehensive group, international and national, trying to get accurate data. The group met May 22 and 23, and will teleconference this Monday and Tuesday, with a conference to follow. Mr. Albers stated that he felt the SPRC would be funded for another 3 years.

Dr. Horne had questions about differing suicide statistics in the Clark County Coroner's Report. Misty Allen, Crises Call Center, referred him to her report in the packet.

Dr. Albers thought the report might be affected by whether or not the Coroner was appointed or elected, as Coroners were not always medical doctors. Some have no training in this area. Dr. Albers will be receiving suicide data on an ongoing basis and will report to the Commission each meeting. He stated that no accurate nomenclature was being used in the field of suicide and they were attempting to develop a system-wide definition as to what really should be considered suicide.

**ACTION:** Dr. Albers was asked to be added to the agenda and to report on the SPRC each Commission meeting.

#### **CRISES CALL CENTER SUICIDE HOTLINE**

Misty Allen reviewed the most recent newsletter. She stated that Nevada had the 1<sup>st</sup> national state-funded suicide hotline and thanked Assemblywoman Leslie for her support. Ms. Allen said Nevada was collaborating with the 800-suicide line. Their goal is for the phones to roll over if they are busy to Southern California, then all over the nation, so phones will be picked up by a voice rather than a message. Nevada will also pick up Utah's phones, as they are not aboard yet.

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Dr. Albers asked whether or not the Boys Town national number was tied in with the 800-suicide line. He also asked how may Nevadans called the Boys Town number.

**ACTION:** Ms. Allen said she would explore whether or not the Boys Town number was tied into the 800 suicide line, as well as how many Nevadans called the Boys Town number and report it at the next Commission meeting.

Ms Allen also mentioned that domestic violence calls were referred to the Domestic Violence number.

Dr. Brailsford thanked Ms. Allen for the Spanish version of the flyer, stating no one else really provides bilingual services.

Ms Allen stated she realized how important bilingual services were and also stated that the Crises Center did have a fluent Spanish-speaking member on staff that carries a 24-hour phone. She reminded the Commission how difficult it was to get Spanish-speaking staff that could also deal with rape and suicide issues as well. She stated one of the Crises Center's goals was to recruit and coordinate services.

Dr. Brailsford recommended Ms. Allen get to know everyone in her community who speaks Spanish and who are aware of rape and suicide issues. He offered his help, stating that there was a bilingual counseling center in Las Vegas that she may want to explore.

Ms. Maria Canfield, BADA, stated that BADA received suicide statistics from the Health Division. Dr. Yang compiles statistics from the state's death certificates.

Further discussion followed concerning the completion of death certificates and that perhaps more sensitivity was used in completing them for family members who were grieving. Dr. Albers stated that hospitals were ill equipped to state that the cause of death was suicide.

Dr. Brailsford asked if a study could be conducted, in which the doctor could complete a brief form anonymously, enabling a more accurate view of suicides. Dr. Albers felt there would be problems with protocol, suggesting that the records may be sealed. Dr. Brailsford hoped that if confidentiality could be insured, perhaps the anonymous form could be collected.

Ms. Leslie asked how the hotline was funded and was informed that it was now funded in the base budget. She asked the Commission to let the Governor know that they supported the hotline. David Ward stated that this was another subject for the Commissioner's Roundtable discussion.

**ACTION:** Add the hotline to the agenda under Commission Round Table for discussion at next meeting.

#### ANNUAL CTC CERTIFICATION

Dr. David Luke presented the report compiled by Ms. Rosemary Melarkey, asking the Commission to certify the CTC's. He stated that no new CTC's applied, that all were recommended for certification and that they had supplied all the necessary materials. Those certified were: Alpha Productions Technologies; High Sierra Industries; Easter Seals Nevada; Trinity Services (The Office); United Cerebral Palsy of Northern Nevada; Washoe Association for Retarded Citizens; Fallon Industries;

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Ormsby ARC (Ormsby Industries); Rainbow Adult CTC (Special Human Services Org. of Lovelock); Ruby Mountain Resource Center; Sonoma Industries; Tri-County CTC; White Pine CTC; Green Willow (Danville Service Corp.); Nevada Association for the Handicapped; Opportunity Village ARC, Inc.; Progressive Choices, Inc.; Positive Access, Inc.; and Transition Services, Inc.

**MOTION:** Dr. Joseph Toth made a motion to fund the CTC's as reported, David Ward seconded. Motion carried.

#### CTC UPDATE

Dr. Luke explained that they were busy preparing budgets. He also stated it was difficult to keep staff healthy and rested, due to so much overtime being required. He distributed DS statewide performance indicators.

Dr. Albers commented that there was no common definition for DS. Dr. Luke referred him to the graphical information. He stated the South, North and Rurals used common reporting. He also stated that they participated in national surveys, using similar language.

David Ward asked if the reports could differentiate between people on a reservation list, as opposed to those people on a waiting list. Dr. Luke stated that he would try to come up with a way to do that in the next budget cycle (3 years). The current budget cycle shows those that are waiting to be serviced within that three-year period. Dr. Luke stated as he completed the year-end in-depth study, he would try to incorporate the differences in the analysis. He will continue to complete the report annually.

Dr. Brailsford expressed his appreciation, stating it would be helpful to have this information well in advance of meeting with legislators.

#### STATUS REPORT BY DIVISION OF CHILD AND FAMILY SERVICES

Mr. Les Gruner, Acting Northern Region Deputy for DCFS reported that Desert Willows in Las Vegas had a recent visit by JCAHO. He stated that facility was a 56-bed program and the ratio of staff to clients was not acceptable. DCFS is very actively involved in the rate increase issue and dealing with the legislature accordingly. He reported ACR 53 was also an issue and was being headed up by Barbara Buckley of Las Vegas to study bifurcation - child protective services is done at the county level and case management is done at the state level. A study is currently being done to address this issue.

For the past year, Washoe County and the State have developed a pilot project to work together to deal with the bifurcation issue. Five case managers (two are county employees, three are state employees) and a supervisor are part of the project. He stated he should receive a report in November, and would share it with the Commission.

**ACTION:** DCFS will supply a report on the bifurcation pilot project to the Commission.

Dr. Albers commented that he had seen a suggestion on the state website to move child mental health to MHDS. He asked if this was being pursued.

Ms. Debbie Hosselkus reported that they were only suggestions and made by others than MHDS and DCFS personnel. She stated that MHDS has not been asked to review that suggestion.

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Dr. Albers also asked what has been done to look upfront at child mental health compared to adult mental health. He felt if we could target them sooner, they could be kept out of the adult judicial system. Dr. Albers asked if there was any push for DCFS not to report to the Commission, stating that he would have concerns about that. Mr. Gruner assured Dr. Albers that he was unaware of such an action.

Mr. Gruner reviewed the coordination at agency level with both DCFS and MHDS, stating there was a Protocol in place to help with the movement from the children's system to the adult system.

Dr. Albers recommended Dr. Riley be put on the agenda for the next Commission meeting. He stated that Dr. Riley was doing a lot of important work at UNLV and should report on this issue.

**ACTION:** Dr. Riley will be asked to report at the next Commission meeting regarding children's mental health.

#### **AGENCY REPORTS**

# **SNAMHS**

Dr. Jim Northrop reported a tremendous increase in census. He also reported that at one time the hospital was full, as was the psychiatric hospital observation unit, and that on that day they had 96 patients. The stress on the hospital, staff and doctors was immense. The emergency rooms had to hold the clients, as morally they could not be accepted into the hospital. Dr. Northrop stated that SNAMHS had begun crunching numbers in March, but could not establish the increased census was due to Charter's closing. He felt it was due to growth, thus giving serious second thoughts about the proposed budget. In response to Dr. Horne's concern regarding the proposal to decrease bed capacity with regard to Nevada's growing population, Dr. Northrop reported the proposal was to increase beds in group homes, intensive living arrangements, etc. He also stated the excess money was to build community-based help as directed by the Governor.

Dr. Albers asked if the Governor was contracting more statewide services. Dr. Northrop stated that he had not heard that information and that across the board contracting was not occurring.

Dr. Northrop completed his report by stating PACT has had some turnover, but that he hoped to fill those positions soon.

# SNAMHS PSYCHIATRIC OBSERVATION UNIT (POU)

Mr. Mike Keeler reported the POU was a 10-bed unit with a maximum stay of 72 hours. He stated that the unit experiences a large volume, with an average stay of 17 hours. There is no treatment team in the traditional sense; however, there is a psychiatrist and nursing staff, and they bring in a case manager. They incorporate staff with a goal to rapidly restore the client back to functioning and link the client with community-based services. 60% of admissions into the POU are stabilized and returned to the community for services. The discharge process begins with the nurse, then a decision is made as to who needs to be involved. If a client has drug and/or alcohol issues, a dual diagnosis case manager is included. For those with social needs, a continuity case manager will become involved.

Ms. Ellie Fears reported the statistical data, stating that in 1998, there were 978 discharges. In 2000, 170 more clients were discharged. The process begins with the social worker meeting the client. As

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soon as the social worker meets with the client, a discharge plan begins. The client attends treatment team meetings twice per week. A translator is available if the client is non-English speaking. They also invite case managers and family members to participate if the client is from the rurals. They have found this process to be very successful. They have also seen an increase in mentally ill seniors. They are working with a senior outreach worker and have developed an aftercare group. Discharge planning begins and ends with the client.

Dr. Albers asked whether or not the social worker visited the client's residence. Ms. Fears replied that the case manager usually visited the home; however the social worker was invited. She stated that all involved were invited.

Dr. Albers questioned the recidivism rate. Dr. Northrop reported it was in the 30% - 40% rate, depending on the time period following discharge.

Dr. Albers asked if transportation issues were addressed and whether or not it had any bearing on recidivism. Ms. Fears responded that transportation issues were addressed; however, she did not know what bearing it had on recidivism rates.

**ACTION:** Dr. Jim Northrop will report on the recidivism rate at the next Commission meeting.

## **NMHI**

Dr. Harold Cook reported that the new hospital building would be completed sooner than anticipated; however, there may be slight delay in occupancy, as the furniture may not be available for the early completion date. He stated the prison had been contracted to build the furniture. In discussing his census with the current staffing and configuration of the new hospital, he stated the beds would decrease from 50 to 40, with a 10-bed psychiatric emergency service capacity. He reported the census for the past two months had been in the low 40s. He contemplated contacting the BLC to see how they would feel about putting three people to each room. Dr. Glovinsky shared his opinion that three people to a room was a terrible idea and recommended that NMHI not pursue that line of thought.

Dr. Cook expressed his hope to move 12 clients into community living, although it was not probable for 18 months. He stated the long-term outlook was good. Mr. Ward asked if there would be a net effect on the PES beds. Dr. Cook responded that there would be no effect, that the bed availability in PES would remain at 10.

Dr. Albers asked what would be done with the evacuated buildings. Dr. Cook responded that NASAC was interested in leasing them.

Dr. Cook then reported on Dr. Wendy Oliver's resignation, stating he was anticipating refilling the Medical Director position soon. He stated his continuing concern regarding the shortage of psychiatric help. Dr. Northrop felt this was a national problem, as SNAMHS was experiences shortages as well.

The PACT program now has a supervisor for the first time since October of 1998.

#### SRC

Dr. Dave Luke distributed the DS report for the northern region. He also addressed waiting list needs.

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## DRC

Stan Dodd reported that the food service contract was awarded.

# **RRC**

Dr. Marcia Bennett distributed performance indicators.

Mr. Ward asked if the out-of-state placements in Utah were for clients from Elko and Ely. Dr. Bennett identified seven rural Nevadans that were currently in out-of-state placement in Salt Lake City and Orem, Utah.

## RC

Dr. Larry Buel thanked the Commissioners that toured the Rural Clinics, stating the feedback was positive and it created great productive interaction.

He also stated recruitment and retention of qualified personnel was difficult in the rurals, reporting 10 unfilled positions. He hoped to have the unfilled positions down to five next month. Dr. Brailsford asked how many among those filled positions were MFTs. Dr. Buel responded that two were now filled by MFTs and three were positions that could be filled by MFTs. Dr. Brailsford stated that a large percentage of children who can be diagnosed are seriously mentally ill improve dramatically when their parents do. Dr. Brailsford also stated that when parents were actively involved in the treatment of children, 50% – 60% improved to where they did not need further treatment. He encouraged a way be found administratively to make sure that was incorporated.

Dr. Albers asked whether un-bifurcation would impact the children in the rurals. Les Gruner, DCFS, responded that it would not affect the children rurals, as they would continue to work hand in hand with the mental health clinics as they do now.

Dr. Albers asked if Mental Health would have to pick up the payment for the child portion. Ms. Hosselkus reported that the counties paid the child portion for DCFS.

# **BADA REPORT**

Ms. Maria Canfield introduced herself and reviewed her background/credentials. She reported that she has undertaken strategic planning and has developed a new advisory committee to guide the strategic planning effort, which will include evaluation, treatment, prevention and special populations. She hopes to work on the dually diagnosed next year. BADA is funded primarily by Federal Government funds, with an obligation to spend the dollars most appropriately at the community level. The opportunity to get public and private partners at the table to guide BADA for the next 5 years is realized. As a result of the legislative initiative, the certification process for substance abuse counselors will now be under an independent board. The process of finalizing regulations is underway.

Ms. Canfield also reported that BADA has just completed a grant application to SAMHSA. This will expand the endeavor to look for opportunities for further partnerships.

Mr. Ward asked for BADA's position on the dual diagnosis component regarding the issue of treatment when it comes to medications for the mentally ill rather than trying for sobriety and staying off drugs. Ms. Canfield stated BADA had no formal position, that it was a clinical issue. At the

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provider level, there was a great deal of angst about people in treatment on methadone. People who do report that they have a substance abuse issue are protected by the ADA. BADA feels it is appropriate for clients who need medications to get medications while in substance abuse treatment.

Dr. Albers asked whether these clients would be Mental Health clients or of Substance Abuse clients. Ms. Canfield stated that historically, it has been divided.

Ms. Canfield stated the advisory board has targeted that issue. She also stated she would be happy to form a task group or meet at lunch to continue the discussion.

**ACTION**: The Commission has asked that Mel Adkins be put on the agenda in September to discuss dual diagnosis.

#### **NDALC**

Ms. Jill Smith apologized for her tardiness in joining the meeting. She expressed appreciation for Ms. Leslie's contributions with the Mental Health Coalitions.

Ms. Smith asked whether or not Policy #2.007 affected NDALC access. Ms. Cindy Pyzel replied that it did not. She also recommended that the Commission not approve Policy #3.012 regarding computer and software replacement; however, Dr. Glovinsky stated it had already been voted upon and passed.

In regards to the under-reporting of suicides in Nevada, Ms. Smith felt it might be due to suicide not being a crime in Nevada.

Ms. Smith went on to congratulate Dr. Sonnenberg's award, stating it was a well-earned accolade and a good thing for the clients.

The Nevada Disability Forum has made demands to Charlotte Crawford with regard to being at the table when the provider problem is discussed. She stated it was now affecting small children, which makes up a huge group.

Ms. Smith thanked Dr. Brailsford for scheduling a meeting between Dr. Brandenburg and herself. She expressed a desire for an atmosphere of trust and open forum regarding the two key issues:

- 1. Access Protocol and Investigative Protocol
- 2. Reporting Deaths

# **CAUSE REPORT**

No report.

#### MHDS ADVISORY BOARDS

## SOUTHERN NEVADA ADVISORY BOARD

Mr. Jeff Engelke expressed his gratitude to Dr. Brailsford for attending the Southern Nevada Advisory Board meeting. He reviewed the individuals on the committee, stating he hoped to have two more names for the Commission at the next meeting. He invited the Commissioners to attend the next advisory board meeting to be held July 27 at DRC at 6:30 PM. The meeting will deal with the concerns about funding to meet the growth needs in Southern Nevada. Given the Governor's

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mandates, he could only hope for some softening. He stated the Commissioners would receive a copy of the letter being drafted regarding rate increases. His hope is to have it addressed before the legislative session.

Dr. Albers asked whether he wanted the Commission to be participatory in the rate increase issue. Mr. Engelke expressed his wish for the Commission's input prior to legislative session. The advisory board feels the Governor is not doing what is in best interest of mental health and is prepared to advocate on this issue.

Dr. Brailsford reminded Mr. Engelke that MHDS represents a small portion of the budget, and feels the Governor does not want to waste money. After the budgetary process, he hopes to see an increase in money. He stated that MHDS must be vocal about where we stand and what affects this could have in the future. He would like to believe that our representatives are good people and do care for our people.

Mr. Engelke stated they were looking to educate the Governor on the consequences if these issues are not addressed.

Dr. Brailsford suggested it be done in "budget speak," showing the large amount that would be paid if it was not addressed.

Dr. Northrop stated that the provider rate increases had been included in MHDS's advocacy for funds.

# NORTHERN NEVADA ADVISORY BOARD

Dr. Watanabe reported that the Northern Nevada Advisory Board was recruiting board meetings. He hopes to have seven proposed members for the Commission to approve at the next meeting. Dr. Watanabe discussed the revised bylaws, and the thrust to involve agencies in the community that have not been previously involved. The meetings have been scheduled for late afternoon to accommodate members. They are still working on consumer participation, trying to get consumers into the group as participants to articulate their needs and state their problems. They are also working on closer involvement with the Commission and the Southern group. Unfortunately communications with the South have not been good. He hopes the have a first-hand acquaintance with the South and to exchange minutes. At this point, the Advisory Board is active in getting items and initiatives in place.

# **MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT** No Report.

#### **COMMISSIONERS ROUND TABLE**

Dr. Brailsford thanked Dr. Jim Northrop and Mr. Stan Dodd for touring John Ensign, stating one of Mr. Ensign's main pushes is to make sure we get a fair share of the federal monies that come back to Nevada. He wants to continue to involve as many people as possible that are genuinely interested in the people in our state. Dr. Brailsford expressed his gratitude and pride in the professionalism of the staff at SNAMHS and DRC. He stated that Mr. Ensign mentioned that it takes a special type of person to do that type of work.

Dr. Albers again stated his desire to see a more coordinated effort between child mental health and adult mental health.

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Mr. Ward distributed a list of potential subcommittees to make the Commission more effective:

<u>Consumer Subcommittee</u>-Continuously monitors consumer needs and satisfaction levels. Reports trends and changes to the entire Commission. Can make recommendations to the Commission for needed policy and procedural changes from the consumer prospective. Members of this subcommittee should also work closely with existing consumer organizations.

<u>Clinical Subcommittee</u>-Monitors facilities, staff needs and medical/therapeutic issues. Members should be MHDS professionals who frequently observe state and private operations; and provide insights form their own practice, as well as soliciting input form other professionals. Can make recommendations to the Commission for needed policy or procedural changes from the professional prospective.

<u>Legislative Subcommittee</u>-Reviews and reports to Commission on the purpose, potential impact and status of proposed legislation. Members work directly with the MHDS Administration, LCB, legislators and Executive Branch to collect and review information. May recommend new legislation based on Commission census.

Mr. Ward reported that in his attempt to set a meeting with the Governor, he had submitted a written request on 4/21/00. He received a response on 6/5/00 that the Governor was not in a position to meet with the Commission. It was suggested he meet with Denise Miller, of the Governor's staff, in lieu of the Governor. Dr. Albers felt it was worth pursuing and advised Mr. Ward to continue his attempt to meet with Ms. Miller.

Dr. Horne expressed his thanks to Misty Allen for the suicide data.

Dr. Glovinsky stated that the new Commissioners brought a breath of new life to the body. He also stated that is seemed as though the issues remain much the same throughout the years. He feels that consumer power is what will drive the changes and recommended the Commission mobilize the consumers.

**ACTION:** Mr. Ward asked that discussion of Grants/Grant Writing be added to the next agenda.

**MOTION:** After discussion of the FY 2001 meeting schedule, with a recommendation that all meetings begin at 9:00 AM except for the one to be held in Carson City, a motion was made by Dr. Albers to approve the schedule, seconded by Mr. Ward. Motion carried.

Meeting adjourned.

Respectfully submitted,

Ike Cress Recording Secretary